



State of Maryland

Department of Health and Mental Hygiene

COMPLIANCE SCHEDULE APPLICATION

NAME OF OWNER_____

ADDRESS OF OWNER_____

NAME OF YOUTH CAMP_____

ADDRESS_____

TYPE OF FACILITY:

_____☐ DAY CAMP _____☐ RESIDENTIAL CAMP
_____☐ TRAVEL CAMP _____☐ TRIP CAMP

SPECIFY THE NONCOMPLIANCE ITEM_____

SPECIFY THE REASON THAT THE NONCOMPLIANCE ITEM CANNOT BE IMMEDIATELY
CORRECTED_____

EXPLAIN THE PLAN FOR CORRECTION OF THE NONCOMPLIANCE ITEM_____

GIVE TIME SCHEDULE FOR THE CORRECTION OF THE NONCOMPLIANCE ITEM_____

OWNER/AUTHORIZED REPRESENTATIVE SIGNATURE PHONE # DATE

.....
Office Use Only:

Does operation during the time allowed to bring the youth camp into compliance adversely affect
the health and safety of the public? Yes_____ No_____

Compliance schedule is approved_____ disapproved_____.

Sanitarian's Signature_____